

Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

SECTION I - Personal Information

PLEASE TYPE OR PRINT CLEARLY

Last Name/Surname	<div></div>
First and Middle Name	<div></div>
Alternate or Previous Name	<div></div>
Address	FIN <div></div> <small>(Federation Identification Number, if known)</small>
	USMLE ID Number <div></div> <div></div> <div></div> <div></div> <small>(if applicable/known)</small>
	Date of Birth <div></div> <div></div> <div></div> <div></div> <small>Month Day Year</small>
Phone	National Identification Number (NID) _____ <small>(Not applicable if you provided a U.S. Social Security Number)</small>
<small>(City, State, Zip)</small>	
E-mail	NID Country _____
U.S. Social Security Number	
Country of Citizenship upon entering medical school	
Medical School Name, City & Country	
Graduation Date (Mo/Year)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> ECFMG Number <div></div>

SECTION II - Examination History: If you have recently taken USMLE Steps 1, 2, or 3 and need that score to appear on your EBAHR do not send your request until you have the official results. The Federation DOES NOT hold EBAHR requests for additional examination scores to be released. ***Note: FSMB has no access to NBME or FMGEMS scores.**

(Check all that apply.)

		Month	Year	State
<input type="checkbox"/> Pre-1985 FLEX	How many times? <div></div>	When was most recent? <div></div>	<div></div>	<div></div>
<input type="checkbox"/> FLEX Component 1	How many times? <div></div>	When was most recent? <div></div>	<div></div>	<div></div>
<input type="checkbox"/> FLEX Component 2	How many times? <div></div>	When was most recent? <div></div>	<div></div>	<div></div>
<input type="checkbox"/> USMLE Step 1	How many times? <div></div>	When was most recent? <div></div>	<div></div>	
<input type="checkbox"/> USMLE Step 2	How many times? <div></div>	When was most recent? <div></div>	<div></div>	
<input type="checkbox"/> USMLE Step 3	How many times? <div></div>	When was most recent? <div></div>	<div></div>	<div></div>
<input type="checkbox"/> SPEX	How many times? <div></div>	When was most recent? <div></div>	<div></div>	<div></div>

SECTION III - Calculation of Required Payment (The EBAHR fee is \$50 payable to the Federation of State Medical Boards.)

Number of Parties (listed in Section IV, Part B) to which an EBAHR is to be sent. You may request up to two (2) EBAHRs for each \$50 fee. (#EBAHRs/fee)	1-2/\$50 3-4/\$100 5-6/\$150, etc. \$ _____
Number of EBAHRs to be sent <i>Express (\$16 per each address)</i> . <u>Express</u> does not affect the standard processing time of approximately 5 business days.	<div></div> X \$16 = \$ _____
Total Payment Required = \$ _____	

PLEASE TYPE OR PRINT CLEARLY

SECTION IV - Authorization

A. Choose one or more of the following examination types to be included on your EBAHR.
(FSMB cannot provide NBME or FMGEMS scores.)

☐ FLEX

☐ USMLE

☐ SPEX

B. WHERE DO YOU WANT YOUR EBAHR/TRANSCRIPT TO BE SENT? Please provide complete name, address and phone number to which the EBAHR is to be sent.
(Check the **Express** box if you want the EBAHR to be sent via overnight carrier for an additional \$16 per address. **Express** does not affect the standard processing time of approximately 5 business days.)

☐
Express

Attention _____

Address _____

City _____ State _____ Zip _____

Phone _____

☐
Express

Attention _____

Address _____

City _____ State _____ Zip _____

Phone _____

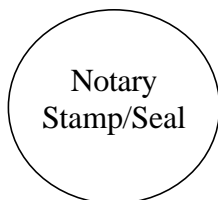
(If EBAHRs are to be sent to additional addresses, please attach a separate sheet clearly listing names and addresses.)

C. Provide signature to authorize the release of examination information indicated in part A of this section to the parties listed in part B of this section and to authorize a report of board action, if applicable.

I hereby authorize and request that the Federation of State Medical Boards of the United States, Inc., provide an Examination and Board Action History Report as described herein. I understand and acknowledge that, in addition to my examination scores, the EBAHR will indicate any action taken against me and reported to the Federation's Board Action Data Bank by a US/Canadian licensing and/or disciplinary authority or other credentialing agency. Further, I hereby waive all rights or claims against the Federation for its provision of the examination history and other information hereby requested.

Signature _____ Date _____

Certification of Identification (Certification by a Notary Public is Required.)



Name of Notary Public (please print) _____

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the individual, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the individual on this _____ day of _____ in the year of _____.

State of _____ County/Parish of _____.

Notary Public Signature _____ **Commission Expiration**
Date _____

D. Each EBAHR notarization requires the following: Notary's Stamp/Seal; Notary's Name; Notary's Signature; Notary's Commission Expiration Date; Date of Notarization (**MUST BE WITHIN THE LAST SIX (6) MONTHS**)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above requirements and be attached to the EBAHR request form. **Photocopies of the notarization will NOT be accepted.**

Failure to provide sufficient and accurate information and/or failure to sign and properly notarize the authorization may significantly delay your request. Do not send license application or other documentation to this office.

Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

The Federation of State Medical Boards' Examination and Board Action History Report (EBAHR) will certify whether you have previously taken the examination(s) designated by you on the attached form. If you have scores on record, the EBAHR will certify a complete history of your scores for the designated examination(s). See the reverse side of this instruction sheet for available examination history. The EBAHR will also include an indication, if applicable, of any action taken against you and reported to the Federation by a licensing or disciplinary board and/or other credentialing agency. The Federation considers your examination scores to be confidential and, therefore, requires your authorization in order to provide an EBAHR to you or to a third party.

NOTE: Licensing authorities generally require that EBAHRs be forwarded directly from the Federation rather than being submitted by you with other documents.

GENERAL INSTRUCTIONS FOR REQUESTING AN EBAHR

Attached is an EBAHR request form. The EBAHR fee is \$50. You may designate up to two (2) recipients for each \$50 fee (e.g. # of EBAHRs/fee: 1-2/\$50, 3-4/\$100, 5-6/\$150, etc.) as indicated in Section IV, Part B of the EBAHR request form. The Federation issues EBAHRs within approximately one week of receiving the completed EBAHR request form and appropriate fee. EBAHRs are sent via first class mail or may be sent via an express courier for an additional \$16 per party. To have your EBAHR sent by express courier, indicate on the EBAHR request form by checking the Express box when designating recipients in Section IV, Part B and by submitting the appropriate fee. Express courier does not affect the standard processing time of approximately 5 business days once received in our office. Checks or money orders should be made payable to the Federation of State Medical Boards. A \$25 fee will be charged on any returned checks, and no further services from the Federation will be made available until full payment is received.

NOTARIZING THE EBAHR REQUEST FORM

The EBAHR request form **MUST** be notarized in Section IV, Part C. Please use the following checklist to ensure proper notarization:

- I. Notary's Stamp/Seal
- II. Notary's Name
- III. Notary's Signature
- IV. Notary's Commission Expiration Date
- V. Date of Notarization (must be dated within the last six months)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above checklist of requirements and be attached to the EBAHR request form. Photocopies of the notarization will NOT be accepted.

MAILING THE EBAHR REQUEST FORM

All EBAHR requests are processed as they are received. **The Federation will not hold an EBAHR request pending the release of scores at a later date.** If you have recently taken USMLE Steps 1,2, or 3 and need that score to appear on your EBAHR, do not send this request until you have received your official score report for that Step. Once the EBAHR request form is completed and properly notarized, mail it, along with the appropriate payment, either via first class mail or express courier. To send it via first class mail, use the Dallas address below. To send it via express courier or overnight delivery service, please use the street address in Bedford. Express courier does not affect the standard processing time of approximately 5 business days once received in our office.

via first class mail:

**FEDERATION OF STATE MEDICAL BOARDS
c/o WHOLESALE LOCKBOX
PO Box 970599
Dallas, TX 75397-0599**

via express courier or overnight delivery service:

**FEDERATION OF STATE MEDICAL BOARDS
c/o WHOLESALE LOCKBOX
1901 Parkwood, #970599
Bedford, TX 76021-5737**

Please feel free to contact our office at (817) 868-4041 if you require further assistance.

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AVAILABLE EXAMINATION SCORES

The Federation maintains scores for the following examinations:

FLEX — Federation Licensing Examination

SPEX — Special Purpose Examination

USMLE Steps 1, 2 and 3 — United States Medical Licensing Examination

The Federation **DOES NOT** maintain or have access to National Board of Medical Examiners (NBME) Parts I, II or III, or the Educational Commission for Foreign Medical Graduates (ECFMG), Foreign Medical Graduates Examination in the Medical Sciences (FMGEMS) Day 1 or Day 2. To obtain scores for these examinations, please contact the entity, which administered the examination to you.

For information concerning NBME Parts I, II and III administered by the NBME:

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
(215) 590-9500

For information concerning NBME Parts I, II and III administered by ECFMG or for information concerning FMGEMS:

Educational Commission for Foreign Medical Graduates
3624 Market Street
Philadelphia, PA 19104
(215) 386-5900

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